



West Valley Medical Center
1717 Arlington Ave.
Caldwell, ID 83605
(208)459-4641

Discharge Summary (Patient Copy)

Date: 05/26/2019

Time: 9:07 p.m.

Patient Name: **JOSE RAMIREZ**

Treating Provider: Benjamin Gold, DO

Your Discharge Instructions:

ABDOMINAL PAIN
DEHYDRATION - ADULTS
NAUSEA

Your Prescriptions:

Ketorolac Tromethamine 10 Milligram # 20 TABLETS
1 TABLET PO Q6-8H PRN PAIN (0 Refills).Printed.
Promethazine HCl (Phenergan) 25 Milligram # 12
Tablets
1 TABLET PO Q6H PRN (0 Refills).Printed.